

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046434

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 103

Primary Registration District No. 5417

Registrar's No. 1

FILED JAN 7 1963

VS 300  
Rev. 4/59

6350

3350

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1270-0

132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hornersville</u>		c. CITY OR TOWN <u>Hornersville</u>	
Length of stay in lb <u>20 years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>AUBREY</u> Middle <u>JAMES</u> Last <u>REMLEY</u>		4. DATE OF DEATH Month <u>December</u> Day <u>29</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/3/1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Businessman</u>		11. BIRTHPLACE (City and state or country) <u>Columbus, Kentucky</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Ice and Coal</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Elbridge J. Remley</u>		13b. MOTHER'S MAIDEN NAME <u>Mary (Unknown)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW I</u>		14. NAME OF HUSBAND OR WIFE <u>Mr Kate C. Remley</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ruptured aortic aneurysm</u> DUE TO (b) <u>arteriosclerotic cardiac vascular disease 20 years</u> DUE TO (c) <u>obstructive emphysema</u>		16. SOCIAL SECURITY NO. <u>Mr. P. Remley</u> 17. INFORMANT <u>Mr. P. Remley</u> Address <u>Hornersville, Mo.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>11:50</u> a.m. Month, Day, Year <u>12/29/62</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <u>Greene Co.,</u> STATE <u>Arkansas</u>	
21. I attended the deceased from <u>4/22/55</u> to <u>12/29/62</u> and last saw him alive on <u>12/29/62</u>		Death occurred at <u>11:50 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>R. F. Polush M.D.</u> (Degree or title)		22b. ADDRESS <u>Hornersville, Missouri</u>	
22c. DATE SIGNED <u>1/3/63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>12/31/62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove</u>	
23d. LOCATION (City, town, or county) (State) <u>Greene Co., Arkansas</u>		24. FUNERAL DIRECTOR <u>Emerson &amp; Sons F.H.</u> ADDRESS <u>Hornersville, Missouri</u>	
25. DATE RECD. BY LOCAL REG. <u>1/3/63</u>		26. REGISTRAR'S SIGNATURE <u>Sue Patenake</u>	

(Licensed Embalmer's Statement on Reverse Side)

permit obtained 12/29/62 - Duval County

JAN 9 1963

APR 25 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Jan T. Emerson

Licensed Embalmer No. 5148

P. O. Address Kennett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.